



Send completed forms to
DOH Communicable
Disease Epidemiology
Fax: 206-361-2930

LHJ Use ID _____
☐ **Reported to DOH** Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

Hepatitis, unspecified (infectious)

County _____

REPORT SOURCE

Initial report date ____/____/____
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know
Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____
Birth date ____/____/____ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: _____ days

Signs and Symptoms

Y N DK NA

- ☐ ☐ ☐ ☐ **Discrete onset of symptoms**
☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: _____
☐ ☐ ☐ ☐ **Pale stool, dark urine (jaundice)**
Onset date ____/____/____
☐ ☐ ☐ ☐ **Abdominal cramps or pain**
☐ ☐ ☐ ☐ **Nausea**
☐ ☐ ☐ ☐ **Vomiting**
☐ ☐ ☐ ☐ **Loss of appetite (anorexia)**
☐ ☐ ☐ ☐ **Fatigue**

Vaccinations

Y N DK NA

- ☐ ☐ ☐ ☐ Received any doses of hepatitis A vaccine
Year of last HAV vaccine dose: _____
Number of doses of HAV vaccine in past: _____
☐ ☐ ☐ ☐ Received any doses of hepatitis B vaccine
Year of last HBV vaccine dose: _____
Number of doses of HBV vaccine in past: _____
If 3 hepatitis B vaccine doses, titer of HBV
antibody test 1-6 mo's from third HBV dose: _____

Predisposing Conditions

Y N DK NA

- ☐ ☐ ☐ ☐ History of viral hepatitis
History of:
Hepatitis A ☐ Y ☐ N ☐ DK ☐ NA
Hepatitis B ☐ Y ☐ N ☐ DK ☐ NA
Chronic hepatitis B infection (HBsAg positive > 6
months ago) ☐ Y ☐ N ☐ DK ☐ NA
Hepatitis C ☐ Y ☐ N ☐ DK ☐ NA
Hepatitis D ☐ Y ☐ N ☐ DK ☐ NA
Other viral hepatitis ☐ Y ☐ N ☐ DK ☐ NA
Hepatitis of unknown type ☐ Y ☐ N ☐ DK ☐ NA

Y N DK NA

- ☐ ☐ ☐ ☐ Pregnant
Estimated delivery date ____/____/____
OB name, address, phone: _____

Hospitalization

Y N DK NA

- ☐ ☐ ☐ ☐ Hospitalized for this illness
Hospital name _____
Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

- ☐ ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy

Laboratory

Collection date ____/____/____

Y N DK NA

- ☐ ☐ ☐ ☐ **IgM antibody to hepatitis A virus (anti-HAV) positive**
☐ ☐ ☐ ☐ **IgM antibody to hepatitis core antigen (anti-HBc) positive**
☐ ☐ ☐ ☐ **HBsAg positive**
☐ ☐ ☐ ☐ **HCV RNA detected by nucleic acid amplification test [NAAT]**
☐ ☐ ☐ ☐ **HCV RIBA positive**
☐ ☐ ☐ ☐ **Hepatitis D (delta) antibody positive**
☐ ☐ ☐ ☐ **Serum aminotransferase (SGOT [AST], SGPT [ALT]) elevated above normal**
☐ ☐ ☐ ☐ **Serum aminotransferase (SGOT [AST] or SGPT [ALT]) levels >7 times the upper limit of normal**

INFECTION TIMELINE (Estimate)

Enter onset date (first
sx) in heavy box.
Count forward and
backward to figure
probable exposure and
contagious periods

Weeks from
onset:

Exposure period

-8 -2

o
n
s
e
t

Contagious period

2 weeks prior

to months after onset

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____
- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ Contact with confirmed or suspect hepatitis B case
☐ Household ☐ Sexual
☐ Needle use ☐ Other: _____
- ☐ ☐ ☐ ☐ Birth mother has history of viral hepatitis
- ☐ ☐ ☐ ☐ Birth mother - HBsAg positive
- ☐ ☐ ☐ ☐ Birth mother has history of hepatitis C infection
- ☐ ☐ ☐ ☐ Congregate living Type: _____
☐ Barracks ☐ Corrections ☐ Long term care
☐ Dormitory ☐ Boarding school ☐ Camp
☐ Shelter ☐ Other: _____
- ☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
- ☐ ☐ ☐ ☐ Food from restaurants
Restaurant name/Location: _____
- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)
- ☐ ☐ ☐ ☐ Hospitalized during exposure period
- ☐ ☐ ☐ ☐ Any medical or dental procedure:
- ☐ ☐ ☐ ☐ Hemodialysis
- ☐ ☐ ☐ ☐ IV or injection as outpatient
- ☐ ☐ ☐ ☐ Blood transfusion or blood products (e.g. IG, factor concentrates) Date of receipt: ____/____/____
- ☐ ☐ ☐ ☐ Organ or tissue transplant recipient, date: ____/____/____
- ☐ ☐ ☐ ☐ Dental work or oral surgery
- ☐ ☐ ☐ ☐ Non-oral surgery type: _____
- ☐ ☐ ☐ ☐ Acupuncture
- ☐ ☐ ☐ ☐ Accidental parenteral exposure to blood

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Accidental non-intact skin or mucous membrane exposure to blood
- ☐ ☐ ☐ ☐ Employed in job with potential for exposure to human blood or body fluids Job type: _____
☐ Public Safety ☐ Health care (e.g. medical, dental, laundry) ☐ Tattoo or piercing ☐ Other
- Frequency of direct blood or body fluid exposure
☐ Frequent (several times weekly)
☐ Infrequent ☐ Unknown
- ☐ ☐ ☐ ☐ Shared razor, toothbrushes or nail care items
- ☐ ☐ ☐ ☐ Body piercing
☐ Home ☐ Commercial ☐ Prison ☐ Unk
- ☐ ☐ ☐ ☐ Tattooing
☐ Home ☐ Commercial ☐ Prison ☐ Unk
- ☐ ☐ ☐ ☐ Other body modification (e.g. scarification)
- ☐ ☐ ☐ ☐ Non-injection street drug use
Shared equipment non-IDU ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Injection street drug use, type: _____
Shared injection equipment ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Born outside US
- ☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor)
- ☐ ☐ ☐ ☐ Household or sexual contact from endemic country, specify country: _____
- ☐ ☐ ☐ ☐ Any type of sexual contact with others
lifetime total sexual partners: _____
female sexual partners: _____
male sexual partners: _____
- ☐ ☐ ☐ ☐ Physical assault on exposed person involving blood or semen
- ☐ ☐ ☐ ☐ Ever diagnosed with an STD
Treated for STD ☐ Y ☐ N ☐ DK ☐ NA
Year of most recent treatment: _____
- ☐ ☐ ☐ ☐ Other blood or body fluid exposure
Other exposure source: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Employed as food worker
- ☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- ☐ ☐ ☐ ☐ Employed as health care worker, if yes: Employed in a job with human blood exposure: ☐ Several times a week ☐ Infrequently ☐ No ☐ Unknown
- ☐ ☐ ☐ ☐ Patient in a dialysis or kidney transplant unit
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Does the case or their household members have contact with a childcare or preschool
- ☐ ☐ ☐ ☐ Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset Date: ____/____/____
Agency and location: _____
Specify type of donation: _____
- ☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Notify blood or tissue bank
- ☐ Other, specify: _____

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____

